



Division of Behavioral Health and Recovery (DBHR)  
Department of Social and Health Services (DSHS)  
State of Washington

## ACCESSIBILITY BARRIER CHECKLIST

AGENCY NAME: \_\_\_\_\_

AGENCY NUMBER:  (Leave agency number blank if new branch or new provider)

☐ Check here if submitting checklist to the Division of Behavioral Health and Recovery (DBHR) for a preliminary review to receive technical assistance regarding the accessibility of the proposed facility (See page 5 for further details on preliminary reviews).

**PHYSICAL ADDRESS OF SITE REVIEWED:**

Street:		
City:	State:	Zip Code:
Name of Person Completing Form:		
Signature of Person Completing Form:	Date of Signature:  / /	

**For DBHR use only:**

- Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_ and determined to have:  
☐ No evident accessibility issues ☐ Some evident accessibility issues ☐ Many evident accessibility issues
- When accessibility issues were evident, the checklist:  
☐ Did ☐ Did not contain a corrective action plan with anticipated date of completion for each item marked "No".
- Checklist determined to be:  
☐ Complete ☐ Incomplete
- Returned to applicant/provider when incomplete on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_
- Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_ and determined to complete,
- Ensure completed checklist is filed with the appropriate Certification Section agency file

# Accessibility Barrier Checklist

## Introduction

### Revised Code of Washington (RCW ) 49.60.010

"This chapter shall be known as the "law against discrimination." It is an exercise of the police power of the state for the protection of the public welfare, health, and peace of the people of this state, and in fulfillment of the provisions of the Constitution of this state concerning civil rights. The legislature hereby finds and declares that practices of discrimination against any of its inhabitants because of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person are a matter of state concern, that such discrimination threatens not only the rights and proper privileges of its inhabitants but menaces the institutions and foundation of a free democratic state. A state agency is herein created with powers with respect to elimination and prevention of discrimination in employment, in credit and insurance transactions, in places of public resort, accommodation, or amusement, and in real property transactions because of race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person; and the commission established hereunder is hereby given general jurisdiction and power for such purposes."

### RCW 49.60.215

#### Unfair practices of places of public resort, accommodation, assemblage, amusement.

"It shall be an unfair practice for any person or the person's agent or employee to commit an act which directly or indirectly results in any distinction, restriction, or discrimination, or the requiring of any person to pay a larger sum than the uniform rates charged other persons, or the refusing or withholding from any person the admission, patronage, custom, presence, frequenting, dwelling, staying, or lodging in any place of public resort, accommodation, assemblage, or amusement, except for conditions and limitations established by law and applicable to all persons, regardless of race, creed, color, national origin, sexual orientation, sex, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a disabled person: PROVIDED, That this section shall not be construed to require structural changes, modifications, or additions to make any place accessible to a disabled person except as otherwise required by law: PROVIDED, That behavior or actions constituting a risk to property or other persons can be grounds for refusal and shall not constitute an unfair practice."

Note: DBHR interprets "structural changes" to be changes to load-bearing walls.

### Washington Administrative Code (WAC) 388-805-155(1)(a)

Requires the administrator of a certified chemical dependency service to ensure the approved site is accessible to a person with a disability. This requirement applies to employees as well as patients or students. The goal is to afford every individual the opportunity to benefit from our state's businesses and services and to afford our businesses and services the opportunity to benefit from the patronage of Washington State residents.

Providers should remove all architectural and communication barriers in public areas of existing facilities when their removal is readily achievable-in other words, easily accomplished and carried out without much difficulty or expense. Public accommodations that should meet the barrier removal

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requirement include chemical dependency service offices, and other places that serve the public. People who own, lease, lease out, or operate places of public accommodation in existing buildings are responsible for complying with any barrier removal requirement.

Providers can often achieve the removal of barriers by making simple changes to the physical environment. Regulations do not define exactly how much effort and expense are required for a facility to meet its obligation. The provider should make this judgment on a case-by-case basis, taking into consideration such factors as the size, type, and overall financial resources of the facility, and the nature and cost of the access improvements needed.

The process of determining what changes are readily achievable is not a one-time effort; access should be re-evaluated annually. Barrier removal that might be difficult to carry out now may be readily achievable later. In some cases there may be federal tax incentives are available to help absorb costs over several years.

## **Purpose of this Checklist**

**It will serve as a decision making tool when selecting a treatment services location;** will help you identify accessibility problems; and suggest possible corrective action to meet your obligations under the state regulations and the federal Americans with Disabilities Act (ADA). The goal of the survey process is to plan how to make an existing facility more usable for people with disabilities. The DBHR requires the provider to develop a Corrective Action Plan and to establish a projected date of implementation, specifying what improvements you will make to remove barriers and when you project you will correct each identified barrier.

## **Technical Requirements**

This checklist will assist you and DBHR Certification Specialists to identify possible barriers to access to services for disabled persons provided at your facility. The requirements are presented here as a guide to help you determine what may be readily achievable barrier removal for existing facilities. Whenever possible, use the ADA Accessibility Guidelines (ADAAG) in making readily achievable modifications.

Each state has its own regulations regarding accessibility. To ensure compliance with all codes, know your state and local codes and use the more stringent technical requirement for every modification you make; that is, the requirement that provides greater access for individuals with disabilities.

## **What this Checklist is Not**

This checklist does not cover all of the federal ADA requirements; therefore, it is not for facilities undergoing new construction or alterations. In addition, it does not attempt to illustrate all possible barriers or propose all possible barrier removal actions that someone can take. Consult the ADAAG for guidance in situations not covered here.

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

## Priorities

We based this checklist on the four priorities recommended by federal regulations for planning readily achievable barrier removal projects:

**Priority 1:** Accessible entrance into the facility

**Priority 2:** Access to goods and services

**Priority 3:** Access to rest rooms

**Priority 4:** Any other measures necessary

## How to Use this Checklist

**Get Organized:** Establish a period for completing the survey. Determine how many copies of the checklist you will need to survey the whole facility. Decide who will conduct the survey. We strongly recommend you invite two or three additional people, including people with various disabilities and accessibility expertise, to assist in identifying barriers, developing solutions for removing these barriers, and setting priorities for implementing improvements.

**Obtain Floor Plans:** It is very helpful to have the building floor plans with you while you survey. If plans are not available, use graph paper to sketch the layout of all interior and exterior spaces used by your organization. Make notes on the sketch or plan while you are surveying.

**Conduct the Survey:** Bring copies of this checklist, a clipboard, a pencil or pen, and flexible steel tape measure. With three people surveying, one person numbers key items on the floor plan to match with the field notes, taken by a second person, while the third takes measurements. Think about each space from the perspective of people with physical, hearing, visual, and cognitive disabilities, noting areas that need improvement.

**Incomplete Forms:** DBHR considers the checklist to be complete when every accessibility element question has been answered with either “**YES, NO, or NA**” (not applicable) and includes a corrective action plan with an implementation date for every element containing a **NO** response.

**Ensuring the submitted form is complete is the best way to avoid DBHR returning the form to the applicant/provider and delaying the facility approval process.**

**Summarize Barriers and Solutions:** List barriers found and ideas for their removal. Consider the solutions listed beside each question, and add your own ideas. Consult with building contractors and equipment suppliers to estimate the costs for making the proposed modifications.

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**Make Decisions and Set Priorities:** Review the summary with decision makers and advisors. Decide which solutions will best eliminate barriers at a reasonable cost. Prioritize the items you decide upon and make a timeline for carrying them out. Where the removal of barriers is not readily achievable, you must consider whether there are alternative; methods for providing access that are readily achievable. You must indicate your proposed corrective action plan and projected implementation date for every accessibility element question you respond to with a “**No**” in order for the checklist to be complete.

**Inaccessible Facilities:** A facility is inaccessible to persons with a disability **when** any applicant/provider determines a proposed facility does not meet accessibility requirements. Any corrective action indicated in Priority Sections 1-3 must be implemented prior to DBHR approval. Any corrective action indicated in Priority Section 4 must be implemented within eleven months of initial approval of certification. **DBHR will not approve inaccessible facilities. Therefore, it is in the best interest of the applicant/provider to not sign any rental, lease, or purchase agreement until satisfied the facility is accessible.**

**Preliminary DBHR Accessibility Barrier Checklist Reviews:** Applicant/providers can submit completed Accessibility Barrier Checklists to this office for our review and the identification of corrective action the organization must take prior to obtaining DBHR approval. Normally, we can complete a preliminary review within 5 working days of receipt. Check the box on the cover page and submit the form by US Mail, fax, or e-mail to:

Certification Provider Request Manager  
DSHS/DBHR  
Post Office Box 45330  
Olympia, WA 98504-5330  
Fax: (360) 586-0343  
E-mail: [darrel.streets@dshs.wa.gov](mailto:darrel.streets@dshs.wa.gov)

A separate form should be submitted for any additional locations.

**Maintain Documentation:** Keep your survey, notes, summary, record of work completed, and plans for alternative methods on file.

**Make Changes:** Implement changes as planned. Always refer directly to ADAAG and your state and local codes for complete technical requirements before making any access improvements. This checklist provides references to the applicable sections of ADAAG at the beginning of each group of questions. If you need help understanding the federal, state, or local requirements, contact your Disability and Business Technical Assistance Center.

**Follow up:** Review your Implementation Plan each year to re-evaluate whether more improvements have become readily achievable.

To obtain a copy of the ADAAG or other information from the U.S. Department of Justice access the web site at <http://www.ada.gov/>, or call 1-800-514-0301 (Voice); 1-800-514-0383 (TTY). Spanish language service is also available. For technical questions, contact the Architectural and Transportation Barriers Compliance Board at (800) USA-ABLE.

\*Every Accessibility Element Question marked “NO” must have a corrective action plan and projected date of implementation.

**Priority 1:****Accessible Entrance**

People with disabilities should be able to arrive on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities.

**Path of Travel (ADAAG 4.3, 4.4, 4.5, 4.7)**

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Is there a path of travel that does not require the use of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add a ramp if the path of travel is interrupted by stairs. <input type="checkbox"/> Add an alternative pathway on level. Projected date of corrective action implementation: ____ / ____ / ____
Is the path of travel stable, firm, and slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repair uneven paving. <input type="checkbox"/> Fill small bumps and breaks with beveled patches. <input type="checkbox"/> Replace gravel with hardtop. Projected date of corrective action implementation: ____ / ____ / ____
Is the path at least 36 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change or move landscaping furnishing, or other features that narrow the path of travel. <input type="checkbox"/> Widen pathway. Projected date of corrective action implementation: ____ / ____ / ____
Can a person detect all objects protruding into the path with a visual disability using a cane?  <b>In order to be detected</b> using a cane, an object must be within 27 inches of the ground. Objects hanging or mounted overhead must be higher than 80 inches to provide clear head room. It is not necessary to remove objects that protrude less than 4 inches from the wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move or remove protruding objects. <input type="checkbox"/> Add a cane-detectable base that extends to the ground. <input type="checkbox"/> Place a cane-detectable object on the ground underneath as a warning barrier. Projected date of corrective action implementation: ____ / ____ / ____
Do curbs on the pathway have curb cuts at drives, parking, and drop-offs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install curb cut. <input type="checkbox"/> Add small ramp up to curb. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Ramps (ADAAG 4.8)				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
<p>Are the slopes of ramps no greater than 1:12</p> <p><b>Slope is given as a ratio of the height to the length.</b> 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lengthen ramp to decrease slope. <input type="checkbox"/> Relocate ramp. <input type="checkbox"/> If available space is limited, reconfigure ramp to include switchbacks. Projected date of corrective action implementation: ____ / ____ / ____
Do all ramps longer than 6 feet have railings on both sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add railings. Projected date of corrective action implementation: ____ / ____ / ____
Are railings sturdy, and between 34 and 38 inches high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust height of railings. <input type="checkbox"/> Secure handrails. Projected date of corrective action implementation: ____ / ____ / ____
Is the width between railings at least 36 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relocate the railings. <input type="checkbox"/> Widen the ramp. Projected date of corrective action implementation: ____ / ____ / ____
Are ramps non-slip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add non-slip surface material. Projected date of corrective action implementation: ____ / ____ / ____
<p>Is there a 5 foot-long level landing at every 30-foot horizontal length of ramp, at the top and bottom of ramps and at switchbacks?</p> <p>The ramp should rise no more than 30 inches between landings.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remodel or relocate ramp. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Parking and Drop-Off Areas (ADAAG 4.6)														
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation										
<p>Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)? For guidance in determining the appropriate number to designate, the table below gives the ADAAG requirements for new construction and alterations (for lots with more than 100 spaces, refer to ADAAG):</p> <table border="0"> <tr> <td>Total spaces</td> <td>Accessible</td> </tr> <tr> <td>1 to 25</td> <td>1 space</td> </tr> <tr> <td>26 to 50</td> <td>2 spaces</td> </tr> <tr> <td>51 to 75</td> <td>3 spaces</td> </tr> <tr> <td>76 to 100</td> <td>4 spaces</td> </tr> </table>	Total spaces	Accessible	1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reconfigure a reasonable number of spaces by repainting stripes. Projected date of corrective action implementation: ____ / ____ / ____
Total spaces	Accessible													
1 to 25	1 space													
26 to 50	2 spaces													
51 to 75	3 spaces													
76 to 100	4 spaces													
<p>Are 16-foot-wide-spaces, with 98 inches of vertical clearance, available for lift-equipped vans?</p> <p><b>At least one of every 8 accessible spaces must be van-accessible.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reconfigure to provide a reasonable number of van-accessible spaces. Projected date of corrective action implementation: ____ / ____ / ____										
Are the accessible spaces closest to the accessible entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reconfigure spaces. Projected date of corrective action implementation: ____ / ____ / ____										
Are accessible spaces marked with the International Symbol of Accessibility? Are there signs reading "Van Accessible" at van spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add signs, placed so that cars do not obstruct them. Projected date of corrective action implementation: ____ / ____ / ____										
Is there an enforcement procedure to ensure that only those who need it use accessible parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Implement a policy to check periodically for violators and report them to the proper authorities. Projected date of corrective action implementation: ____ / ____ / ____										

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.



Entrance (ADAAG 4.13, 4.14)				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
<p>If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?</p> <p><b>Do not use a service entrance as the accessible entrance</b> unless there is no other option.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> If it is not possible to make the main entrance accessible, create a dignified alternate accessible entrance. Make sure there is accessible parking near accessible entrances.</p> <p>Projected date of corrective action implementation: ____ / ____ / ____</p>
<p>Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> Install signs at or before inaccessible entrances.</p> <p>Projected date of corrective action implementation: ____ / ____ / ____</p>
<p>Can the alternate accessible entrance be used independently?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> Eliminate as much as possible the need for assistance to answer a doorbell, to operate a lift, or to put down a temporary ramp, for example.</p> <p>Projected date of corrective action implementation: ____ / ____ / ____</p>
<p>Does the entrance door have at least 32 inches clear opening (for a double door, at least one 32-inch leaf)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> Widen the door.</p> <p><input type="checkbox"/> Install offset (swing-clear) hinges.</p> <p>Projected date of corrective action implementation: ____ / ____ / ____</p>
<p>Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?</p> <p><b>A person using a wheelchair</b> needs this space to get close enough to open the door.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> Remove or relocate furnishings, partitions, or other obstructions.</p> <p><input type="checkbox"/> Move door.</p> <p><input type="checkbox"/> Add power-assisted door opener.</p> <p>Projected date of corrective action implementation: ____ / ____ / ____</p>
<p>Is the threshold level (less than 1/4 inch) or beveled, up to 1/2 inch high?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> If there is a single step with a raise of 6 inches or less, add a short ramp.</p> <p><input type="checkbox"/> If there is a high threshold, remove it or add a bevel.</p> <p>Projected date of corrective action implementation: ____ / ____ / ____</p>

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Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are doormats 1/2 inch high or less, and secured to the floor at all edges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace or remove mats. <input type="checkbox"/> Secure mats at edges. Projected date of corrective action implementation: ____ / ____ / ____
Is the door handle no higher than 48 inches and operable with a closed fist?  <b>The “closed fist” test for handles and controls:</b> Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace inaccessible knob with a lever or loop handle. <input type="checkbox"/> Retrofit with an add-on lever extension. Projected date of corrective action implementation: ____ / ____ / ____
Can doors be opened without too much force (maximum is 5 lbs)  <b>You can use a fish scale</b> to measure the force required to open a door. Attach the hook of the scale to the doorknob or handle. Pull on the ring end of the scale until the door opens, and read off the amount of force required. If you do not have a fish scale, you will need to judge subjectively whether the door is easy enough to open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust the door closers and oil the hinges. <input type="checkbox"/> Install power-assisted door openers. <input type="checkbox"/> Install lighter doors. Projected date of corrective action implementation: ____ / ____ / ____
If the door has a closer, does it take at least 3 seconds to close?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust door closer. Projected date of corrective action implementation: ____ / ____ / ____
<b>Emergency Egress (ADAAG 4.1.3 (14), 4.28)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Do all alarms have both flashing lights and audible signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install visible and audible alarms. Projected date of corrective action implementation: ____ / ____ / ____
Is there sufficient lighting in egress pathways such as stairs, corridors, and exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upgrade, add, or clean bulbs or fixtures. Projected date of corrective action implementation: ____ / ____ / ____

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**Priority 2:****Access to Goods and Services**

Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

**Horizontal Circulation (ADAAG 4.3)**

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Does the accessible entrance provide direct access to the main floor, lobby, or elevator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add ramps or lifts. <input type="checkbox"/> Make another entrance accessible. Projected date of corrective action implementation: ____ / ____ / ____
Are all public spaces on an accessible path of travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide access to all public spaces along an accessible path of travel. Projected date of corrective action implementation: ____ / ____ / ____
Is the accessible route to all public spaces at least 36 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move furnishings such as tables, chairs, display racks, vending machines, and counters to make more room. Projected date of corrective action implementation: ____ / ____ / ____
Is there a 5-foot circle or a T-shaped space for a person using a wheelchair to reverse direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishings, displays, and equipment. Projected date of corrective action implementation: ____ / ____ / ____

**Doors (ADAAG 4.13)**

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Do doors into public spaces have at least a 32-inch clear opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install offset (swing-clear) hinges. <input type="checkbox"/> Widen doors. Projected date of corrective action implementation: ____ / ____ / ____
On the pull side of doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get near to open the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reverse the door swing if it is safe to do so. <input type="checkbox"/> Move or remove obstructing partitions. Projected date of corrective action implementation: ____ / ____ / ____
Can doors be opened without too much force (5 lbs maximum)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust or replace closers. <input type="checkbox"/> Install lighter doors. <input type="checkbox"/> Install power-assisted door openers. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are door handles 48 inches high or less and operable with a closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower handles. <input type="checkbox"/> Replace inaccessible knobs or latches with lever or loop handles. <input type="checkbox"/> Retrofit with add-on lever extensions. <input type="checkbox"/> Install power-assisted door openers. Projected date of corrective action implementation: ____ / ____ / ____
Are all thresholds level (less than 1/4 inch), or beveled, up to 1/2 inch high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remove thresholds. <input type="checkbox"/> Add bevels to both sides. Projected date of corrective action implementation: ____ / ____ / ____
<b>Rooms and Spaces (ADAAG 4.2, 4.4, 4.5, 4.30)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are all aisles and pathways to all goods and services at least 36 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishings and fixtures to clear aisles. Projected date of corrective action implementation: ____ / ____ / ____
Is there a 5-foot circle or T-shaped space for turning a wheelchair completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishing to clear more room. Projected date of corrective action implementation: ____ / ____ / ____
Is carpeting low-pile, tightly woven, and securely attached along edges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Secure edges on all sides. <input type="checkbox"/> Replace carpeting. Projected date of corrective action implementation: ____ / ____ / ____
Do signs designating permanent rooms and spaces, such as rest room signs, exit signs, and room numbers; comply with the appropriate requirements for accessible signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide signage that has raised and brailled letters, complies with finish and contrast standards, and is mounted at the correct height and location. Projected date of corrective action implementation: ____ / ____ / ____
In routes through public areas, are all obstacles cane-detectable (located within 27 inches of the floor or protruding less than 4 inches from the wall), or are they higher than 80 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remove obstacles. <input type="checkbox"/> Install furnishing, planters, or other cane-detectable barriers underneath the obstacle. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are all controls that are available for use by the public (including electrical, mechanical, window, cabinet, game, and self-service controls) located at an accessible height?  <b>Reach ranges:</b> The maximum height for a side reach is 54 inches; for a forward reach, 48 inches. The minimum reachable height is 15 inches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relocate controls. Projected date of corrective action implementation: ____ / ____ / ____
Are they operable with a closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace controls. Projected date of corrective action implementation: ____ / ____ / ____
<b>Seats, Tables, and Counters (ADAAG 4.2, 4.32)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are the aisles between chairs or tables at least 36 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange chairs or tables to provide 36-inch aisles. Projected date of corrective action implementation: ____ / ____ / ____
Are the spaces for wheelchair seating distributed throughout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange tables to allow room for wheelchairs in seating areas throughout the area. <input type="checkbox"/> Remove some fixed seating. Projected date of corrective action implementation: ____ / ____ / ____
Are the tops of tables or counters between 28 and 34 inches high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower at least a section of high tables and counters. Projected date of corrective action implementation: ____ / ____ / ____
Are knee spaces at accessible tables at least 27 inches high, 30 inches wide, and 19 inches deep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace or raise tables. Projected date of corrective action implementation: ____ / ____ / ____
<b>Vertical Circulation (ADAAG 4.3)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are there ramps or elevators to all levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install ramps and/or elevators to all levels. Projected date of corrective action implementation: ____ / ____ / ____
On each level, if there are stairs between the entrance and/or elevator and essential public areas, is there an accessible alternate route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Post clear signs directing people along an accessible route to ramps, lifts, or elevators. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Stairs (ADAAG 4.9)				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Do treads have a non-slip surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add non-slip surface to treads. Projected date of corrective action implementation: ____ / ____ / ____
Do stairs have continuous rails on both sides, with extensions beyond the top and bottom stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add or replace handrails. Projected date of corrective action implementation: ____ / ____ / ____
Elevators (ADAAG 4.10)				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are there both visible and verbal or audible door opening/closing and floor indicators (one tone = up, two tones = down)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install visible and verbal or audible signals. Projected date of corrective action implementation: ____ / ____ / ____
Are the call buttons in the hallway no higher than 42 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower call. <input type="checkbox"/> Provide a permanently attached reach stick. Projected date of corrective action implementation: ____ / ____ / ____
Do the controls outside and inside the cab have raised and Braille lettering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install raised lettering and Braille next to buttons. Projected date of corrective action implementation: ____ / ____ / ____
Is there a sign on the jamb at each floor identifying the floor in raised and Braille letters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install tactile signs to identify floor numbers, at a height of 60 inches from floor. Projected date of corrective action implementation: ____ / ____ / ____
Is the emergency intercom usable without voice communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace communication system. Projected date of corrective action implementation: ____ / ____ / ____
Are there Braille and raised-letter instructions for the communication system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add simple tactile instructions. Projected date of corrective action implementation: ____ / ____ / ____
Lifts (ADAAG 4.2)				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Can the lift be used without assistance? If not, is a call button provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> At each stopping level, post clear instructions for use of the lift. Projected date of corrective action implementation: ____ / ____ / ____
Is there at least 30 by 48 inches of clear space for a person using a wheelchair to approach to reach the controls and use the lift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishings and equipment to clear more space. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are controls between 15 and 48 inches high (up to 54 inches if a side approach is possible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move controls. Projected date of corrective action implementation: ____ / ____ / ____
<b>Priority 3:</b> <b>Usability of Rest Rooms</b>  When rest rooms are open to the public, they should be accessible to people with disabilities. Closing a rest room that is currently open to the public is not an allowable option.				
<b>Getting to the Rest Rooms (ADAAG 4.1)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
If rest rooms are available to the public, is at least one rest room (either one for each sex, or unisex) fully accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reconfigure rest room. <input type="checkbox"/> Combine rest rooms to create one unisex accessible rest room. Projected date of corrective action implementation: ____ / ____ / ____
Are there signs at inaccessible rest rooms that give directions to accessible ones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install accessible signs. Projected date of corrective action implementation: ____ / ____ / ____
<b>Doorways and Passages (ADAAG 4.2, 4.13)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are there tactile signs identifying rest rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add accessible signage, placed to the side of the door (not on the door itself). <input type="checkbox"/> If symbols are used, add supplementary verbal signage. Projected date of corrective action implementation: ____ / ____ / ____
<b>Mount signs on the wall</b> , on the latch side of the door, complying with the requirements for permanent signage. Avoid using ambiguous symbols in place of text to identify rest rooms.				
Is the doorway at least 32 inches clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install offset (swing-clear) hinges. <input type="checkbox"/> Widen the doorway. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Are doors equipped with accessible handles (operable with a closed fist), 48 inches high or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower handles. <input type="checkbox"/> Replace knobs or latches with lever or loop handles. <input type="checkbox"/> Add lever extensions. <input type="checkbox"/> Install power-assisted openers. Projected date of corrective action implementation: ____ / ____ / ____
Can doors be opened easily (5 lbs maximum force)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust or replace closers. <input type="checkbox"/> Install lighter doors. <input type="checkbox"/> Install power-assisted door openers. Projected date of corrective action implementation: ____ / ____ / ____
Does the entry configuration provide adequate maneuvering space for a person using a wheelchair?  <b>A person using a wheelchair</b> needs 36 inches of clear width for forward movement, and a 5-foot diameter clear space or a T-shaped space to make turns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishings such as chairs and trash cans. <input type="checkbox"/> Remove inner door if there is a vestibule with two doors. <input type="checkbox"/> Move or remove obstructing partitions. Projected date of corrective action implementation: ____ / ____ / ____
Is there a 36-inch wide path to all fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remove obstructions. Projected date of corrective action implementation: ____ / ____ / ____
<b>Stalls (ADAAG 4.17)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Is the stall door operable with a closed fist, inside and out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace inaccessible knobs with lever or loop handles. <input type="checkbox"/> Add lever extensions. Projected date of corrective action implementation: ____ / ____ / ____
Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move or remove partitions. <input type="checkbox"/> Reverse the door swing if it is safe to do so. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.



Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move or remove partitions. <input type="checkbox"/> Reverse the door swing if it is safe to do so. Projected date of corrective action implementation: ____ / ____ / ____
In the accessible stall, are there grab bars behind and on the sidewall nearest to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add grab bars. Projected date of corrective action implementation: ____ / ____ / ____
Is the toilet seat 17 to 19 inches high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add raised seat. Projected date of corrective action implementation: ____ / ____ / ____
<b>Lavatories (ADAAG 4.19, 4.24)</b>				
Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front?  <b>A maximum of 19 inches of the required depth may be under the lavatory</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishings. <input type="checkbox"/> Replace lavatory. <input type="checkbox"/> Remove or alter cabinetry to provide space underneath. <input type="checkbox"/> Make sure hot pipes are insulated. <input type="checkbox"/> Move a partition or wall. Projected date of corrective action implementation: ____ / ____ / ____
Is the lavatory rim no higher than 34 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust or replace lavatory. Projected date of corrective action implementation: ____ / ____ / ____
Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust or replace lavatory. Projected date of corrective action implementation: ____ / ____ / ____
Can the faucet be operated with one closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace faucet handles with paddle type. Projected date of corrective action implementation: ____ / ____ / ____
Are soap and other dispensers and hand dryers 48 inches high or less and usable with one closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower dispensers. <input type="checkbox"/> Replace with or provide additional accessible dispensers. Projected date of corrective action implementation: ____ / ____ / ____
Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower or tilt down the mirror. <input type="checkbox"/> Replace with larger mirror. Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

## Priority 4: Additional Access

When amenities such as public telephones and drinking fountains are provided to the general public, they should also be accessible to people with disabilities.

### Drinking Fountains (ADAAG 4.15)

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Is there a least one fountain with clear floor space of at least 30 by 48 inches in front?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clear more room by rearranging or removing furnishings. Projected date of corrective action implementation: ____ / ____ / ____
Is there one fountain with its spout no higher than 36 inches from the ground, and another with a standard height spout (or a single "hi-lo" fountain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide cup dispensers for fountains with spouts that are too high. <input type="checkbox"/> Provide an accessible water cooler. Projected date of corrective action implementation: ____ / ____ / ____
Are controls mounted on the front or on the side near the front edge, and operable with one closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace the controls. Projected date of corrective action implementation: ____ / ____ / ____
Does the fountain protrude no more than 4 inches into the circulation space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Place a planter or other cane- detectable barrier on each side at floor level. Projected date of corrective action implementation: ____ / ____ / ____

### Telephones (ADAAG 4.30, 4.31)

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
If pay or public use phones are provided, is there clear floor space of at least 30 by 48 inches in front of at least one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move furnishings. <input type="checkbox"/> Replace booth with open station. Projected date of corrective action implementation: ____ / ____ / ____
Is the highest operable part of the phone no higher than 48 inches (up to 54 inches if a side approach is possible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower telephone. Projected date of corrective action implementation: ____ / ____ / ____
Does the phone protrude no more than 4 inches into the circulation space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Place a cane-detectable barrier on each side at floor level. Projected date of corrective action implementation: ____ / ____ / ____
Does the phone have push-button controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact phone company to install push buttons. Projected date of corrective action implementation: ____ / ____ / ____
Is the phone hearing aid compatible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact phone company to add an induction coil (T-switch). Projected date of corrective action implementation: ____ / ____ / ____

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.

Accessibility Element Question	YES	NO*	NA	Corrective Action Plan and Projected Date of Implementation
Is the phone adapted with volume control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contact the phone company to add volume control. Projected date of corrective action implementation: ____ / ____ / ____
Is the phone with volume control identified with appropriate signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add signage. Projected date of corrective action implementation: ____ / ____ / ____
Is one of the phones equipped with a text telephone (TT or TDD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install a text telephone. <input type="checkbox"/> Have a portable text telephone available. Projected date of corrective action implementation: ____ / ____ / ____
Is the location of the text telephone identified by accessible signage bearing the International TDD Symbol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add signage. Projected date of corrective action implementation: ____ / ____ / ____

## Privacy Notice

This notice is to comply with [Governor's Executive Order 00-03](#) and addresses the collection, use, security, and access to information obtained from you by your submission of this application.

The Division of Alcohol and Substance Abuse (DBHR) requires you to submit a Federal Employer Tax Identification Number or your Social Security Number. DBHR uses the number to identify a specific person or legal entity as owner of a business.

You may have also decided to provide personal contact information (address or telephone number) in lieu of business contact information.

DBHR collects all information as part of the application process. The information is used for considering your compliance with applicable regulations. All information received during the application process is considered public information, and may be disclosed without your consent to anyone submitting a proper public information request unless exempted by the Public Information Disclosure Act under [RCW 42.56.210\(1\)](#). DBHR will retain the information for the period of provider certification to include any subsequent changes in provider ownership. The department will retain records for up to six years following the voluntarily cancellation of certification, and indefinitely in cases of involuntary cancellation, revocation, or suspension of certification. DBHR will destroy the information after that time.

Persons submitting information have the right to review personal information on file with the department. You can recommend changes to your personally identifiable information you believe to be inaccurate by submitting a written request that credibly shows the inaccuracy. We will take reasonable steps to verify your identity before granting access or making corrections.

If you have any questions or concerns please contact the DBHR Certification Section Provider Request Manager. You can contact the manager by calling (360) 725-3700, or toll-free at 1-877-301-4557, and ask for the current employee assigned to that position.

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**F:/shared/sections/certification/forms/Existing Facility Accessibility Barrier Checklist 998 Revised March 14, 2011**

\*Every Accessibility Element Question marked "NO" must have a corrective action plan and projected date of implementation.